USS THEODORE ROOSEVELT (CVN 71)
Tiger Cruise Medical/Dental Screening Form

Tiger's Name: _____ Sex: ☐ Male ☐ Female
Last First Middle

Tiger's E-mail Address: _____

Age: ____ Birth Date (Mo/Day/Yr): _____ **(Must be on or before 4/15/2001)**

(If Tiger is under the age of 13, proof of age must accompany the screening form)
(e.g. copy of page 2, copy of birth certificate)

Height: ___ inches Weight: ____ pounds

Personal or Family Physician's Name & Phone Number: _____

Personal or Family Physician's E-mail Address: _____

Sponsor's Name: _____ Rank/Rate: _____
Last First Middle

Dept/Division/Squadron: _____ _____ J-Dial

Relationship of Tiger to Sponsor: _____

The following conditions are disqualifying for the Tiger Cruise. Other conditions may be disqualifying at the discretion of the Senior Medical Officer:

Routine Use of Supplemental Oxygen
Diabetes Requiring Insulin Shots
Need for Wheelchair, Walker, Crutches, or Cane
Inability to Climb 3 Flights of Stairs Without Stopping
Use of Antipsychotic Medication
Current Pregnancy or Delivery After 4/20/2009
Major Surgery Since/After 2/20/09
Heart Attack Since/After 2/20/09
Leg or Foot Bone Fracture Since/After 3/20/09
Severe Visual Impairment or Blindness
Severe Hearing Difficulty or Deafness
History of Stroke with Current Weakness/Neurologic Deficit
Epilepsy/Seizure Disorder
HIV Positive
Congestive Heart Failure
Pacemaker
History of Aortic Aneurysm
Artificial Heart Valves
Unstable Angina
Severe Motion Sickness
Severe Claustrophobia
Severe Asthma or Emphysema
Kidney Dialysis

Check "Yes" or "No" below to indicate if the Tiger has ever experienced any of the listed conditions. Include dates of hospitalizations and surgeries. Submit additional information on a separate sheet of paper if necessary.

It is important that you complete this form as thoroughly as possible. If it is incomplete or if it is not accurately filled out, the time spent in obtaining clarification might result in the Tiger not making the cruise. Signature by your physician is optional, but may aid approval. Obtaining letters from your physician describing/explaining your conditions is appreciated.

Condition
Cardiovascular Disease

Yes	No	
☐	☐	Chest Pain/Angina Pectoris
☐	☐	Coronary Artery Disease
☐	☐	Heart Attack/Myocardial Infarction
☐	☐	Cardiac Cath/Angioplasty/Stent
☐	☐	Coronary Artery Bypass Surgery
☐	☐	Heart/Valve Disease/Surgery
☐	☐	Aortic Disease/Surgery
☐	☐	Heart Arrhythmia
☐	☐	Pacemaker
☐	☐	TIA (Transient Ischemic Attack)
☐	☐	Stroke/CVA
☐	☐	Carotid Endarterectomy
☐	☐	Peripheral Vascular Disease/Surgery
☐	☐	High Blood Pressure/Hypertension
☐	☐	Congestive Heart Failure
☐	☐	Dizzy Spells/Lightheadedness
☐	☐	High Cholesterol/Hyperlipidemia

Condition
Respiratory Disease

Yes	No	
☐	☐	Asthma/Reactive Airway Disease
☐	☐	Sinus Allergies/Hay Fever
☐	☐	Emphysema
☐	☐	Tuberculosis
☐	☐	Chronic Lung Disease
☐	☐	Lung/Thoracic Surgery
☐	☐	Pulmonary Embolus
☐	☐	Shortness of Breath
☐	☐	Oxygen Dependent

Condition
Endocrine Disease

Yes	No	
☐	☐	Diabetes – Diet Controlled*
☐	☐	Diabetes – Oral Medication Control*
☐	☐	Diabetes – Requiring Insulin Shots*

***(All Diabetics must provide most recent HgbA1c value and last three blood glucose measurements, with dates)**

☐	☐	Thyroid Disease
☐	☐	Parathyroid Disease
☐	☐	Kidney Stones/Nephrolithiasis

Condition
Gastrointestinal Disease

Yes	No	
☐	☐	Heartburn/Acid Reflux
☐	☐	Ulcers
☐	☐	Inflammatory Bowel Disease
☐	☐	Crohn’s Disease/Ulcerative Colitis

Condition
Blood Disorders

Yes	No	
☐	☐	Hemophilia
☐	☐	Hepatitis – A, B, or C
☐	☐	HIV Positive
☐	☐	Blood Clot
☐	☐	On Any Anti-Coagulation Medications (Blood Thinning Medications)
☐	☐	Sickle Cell Trait or Disease
☐	☐	Bleeding Problems

Condition
Musculoskeletal Disorders

Yes	No	
☐	☐	Arthritis
☐	☐	Limitations or Handicaps That Restrict Movement or Full Range of Motion
☐	☐	Joint Replacement Surgery
☐	☐	Leg Cramps
☐	☐	Fractures in Past 6 Months

Condition
Any of the Remaining

Yes	No	
☐	☐	Epilepsy/Seizure Disorder
☐	☐	Driver’s License: Are You Licensed to Operate a Motor Vehicle?
☐	☐	Kidney/Renal Disease
☐	☐	Kidney Dialysis
☐	☐	Gallbladder Disease
☐	☐	Liver Disease
☐	☐	Migraine Headaches
☐	☐	Visual Impairment not Correctable by Glasses or Contacts
☐	☐	Hearing Difficulty or Hearing Aid
☐	☐	Dermatitis/Eczema/Psoriasis
☐	☐	Motion Sickness
☐	☐	Claustrophobia
☐	☐	Panic Attacks/Anxiety
☐	☐	Alcoholism
☐	☐	Drug Abuse
☐	☐	Any Mental Health Condition Currently Being Treated with Medication Including Depression or ADHD
☐	☐	Pregnancy or Recent Delivery (Within the Previous Four Months)
☐	☐	Severe Tooth or Gum Problems

Amplifying Information: Please explain below any conditions checked "Yes" above to assist the Ship's Medical Staff in determining if the Tiger can safely participate in the cruise. If more space is needed, additional pages may be attached.

Have you been hospitalized or seen in an Emergency Room in the prior three years for anything? **If No, Mark No** ☐
Yes:

List all of the Tiger's allergies, food or drug. **If None, Mark None** ☐
Allergies:

Medications: List all medications you are currently taking, including over-the-counter, herbs, vitamins and supplements. **If None, Mark None** ☐

Name of Medication	Dosage	Reason for Taking Medication

Date of Tiger's last Tetanus immunization: Give Date: _____ **OR** Mark Unknown ☐

It should be understood that the "Tiger Cruise" takes place on a military vessel not a commercial cruiseliner. Given that, the below should be noted:

Tigers are advised that shipboard medical treatment facilities are limited. They were designed to address the limited scope of active duty military needs, not as a community medical center.

Tigers are responsible for bringing their own medications and medical supplies that they may require aboard the ship prior to departure, including contact lenses and solution. The ship's pharmacy is not stocked like a commercial civilian pharmacy.

Tigers who have a chronic disease or who are under close supervision of a physician should carry with them a copy of that portion of their medical record appropriate to their condition.

Tigers should bring any medical insurance information or identification cards they have.

_____ _____

Signature of the Adult Tiger or Signature of the Guardian of the Minor Tiger — Date

Statement of Personal or Family Physician (Optional):

I have reviewed this medical questionnaire and, to the best of my knowledge, it accurately reflects this individual's medical history and current medical condition. I believe this individual to be healthy enough to undergo a two day sea voyage with limited access to medical care in reasonable safety, however, final approval rests with the Senior Medical Officer, USS Theodore Roosevelt (CVN 71).

_____

Signature of Physician — Date

_____

Printed Name of Physician E-mail Address Phone Number

(A Statement from the Tiger's Personal Physician May Be Attached if Desired)

Tiger's Name: _____
Last First Middle

Tiger's E-mail Address: _____

For USS THEODORE ROOSEVELT (CVN 71) Medical Department Use Only

Tiger is Medically Cleared: YES: _____ NO: _____ More Info Needed: _____

_____ _____
Signature and Stamp of the Senior Medical Officer or Designate Date